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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10804301 | <b>Applicant(s)/Patent Under Reexamination</b><br>JAIN ET AL. |
|   | <b>Examiner</b><br>SAM BHATTACHARYA        | <b>Art Unit</b><br>2617                                       |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                 |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|-----------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                 | NON-CLAIMED |  |  |  |  |  |  |  |
| 455                |                                   | 435.1    |  |  |  | H                            | O | 4 | B | 1 / 36 (2006.0) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 455                | 411                               | 432.1    |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        | 17    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        | 18    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        | 19    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        | 20    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|  |         |                              |                    |
|--|---------|------------------------------|--------------------|
| NONE   |         | <b>Total Claims Allowed:</b> |                    |
|  |         | 20                           |                    |
| (Assistant Examiner)                                 | (Date)  |                              |                    |
| /SAM BHATTACHARYA/<br>Primary Examiner Art Unit 2617 | 1/30/09 | O. G. Print Claim(s)         | O. G. Print Figure |
| (Primary Examiner)                                   | (Date)  | 1                            | 1                  |